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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10538168
Filing Date	09/27/2003 (Int'l PCT Application)
First Named Inventor	Markus ANLIKER
Art Unit	1615
Examiner Name	Not yet assigned
Attorney Docket Number	TMEY-00101-NUS

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
Please withdraw me as attorney or agent for the above identified patent application, and											
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The reasons for this request are: The client/client's rep. renders it unreasonably difficult for the practitioner to carry out employment effectively, and has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. The practitioner's inability to work with co-counsel located in Germany indicates that the best interest of the client likely will be served by withdrawal. et alia.											
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The correspondence address is NOT affected by this withdrawal. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number:											
	m <i>or</i> Iividual Name	al Name Dr. Markus ANLIKER									
Address	Address Wasserstapfe 6										
City		Riedlinge	Riedlingen				Zip 88499				88499
Country Germany										•	
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Signature	/Matthias Schol	I /									
Name Dr. Matthias SCHOLL						Registration No. 54			54,947		
Date	9/5/06						Telephone No. 888-259-9211 ext 2			9-9211 ext 2330	
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